

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/19/2011
FORM APPROVED
OMB NO. 0938-0391

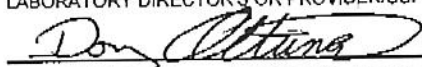
45th 7/02/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445484	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2011
NAME OF PROVIDER OR SUPPLIER SENATOR BEN ATCHLEY STATE VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERANS WAY KNOXVILLE, TN 37931		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000			
K 018 SS=D	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 2006 K7 SURVEY UNDER: 2000 NEW K8 SNF/NF</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch. (NFPA 101, 19-3.6.3.)</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, during a fire drill, on May 16, 2011 at 10:40 a.m. confirmed corridor doors to residents rooms 205, 209, 210 and one leaf of the dining room double doors failed to close to a positive latch.</p>	K 018	<p>All doors were inspected by Maintenance team and were Fully operational before the Life safety inspector left on 5/16/2011. All doors will be Inspected weekly by Maintenance personnel for Positive locking. All resident Room doors will be inspected 3 times per week for positive Closure by maintenance staff This is now included in our Preventative maintenance Program and documentation Will be reviewed by the facilities Manager and any negative Findings reported in the Quality Assurance Committee.</p> <p>6/1/2011</p>		
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA</p>	K 052			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

6/2/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NFPA 72-7.3.2.1). The findings include: Record review with the Maintenance Director on May 16, 2011 at 3:30 p.m. confirmed the last smoke detector sensitivity testing was performed on March 19, 2009.	K 052	K052 CES conducted a Sensitivity test On all smoke detectors on 5/27/2011. all of the smoke detectors were in an acceptable range. This test will be conducted in the future per guidelines every 24 months. A copy of sensitivity test is attached. 5/27/2011	5/27/11	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: NFPA 17A 3-2.1 All systems shall have both automatic and manual methods of actuation. The automatic and manual means of system actuation, external to the control head or releasing device, shall be separate and independent of each other so that a failure of one will not impair the operation of the other. NFPA 17A 3-2.1.3 Operation of any manual actuator shall be all that is required to bring about the full operation of the system. At least one manual actuator shall be provided for each system.	K 069	K069 A manual actuator will be installed by FirePro sales to meet the requirement of A manual pull station for the Guardian III Suppression system will be installed by 6/20/2011.	6/20/11	

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K 069	<p>Continued From page 2</p> <p>Based on observation and record review, the facility failed to ensure the wet Chemical extinguishing systems were provided with both automatic and manual methods of actuation.</p> <p>The findings include:</p> <p>Record review of the kitchen hood system report dated 9-4-2010, on May 16, 2011 at 9:30 a.m. stated the Guardian III suppression system above the stove in the assisted dining room failed to have a remote pull station for activation. (NFPA 17A 3-2.1)</p> <p>Observation and interview with the Maintenance Director, on May 16, 2011 at 10:45 a.m. confirmed the Guardian III wet Chemical extinguishing system in the assisted dining room was not provided with manual methods of actuation.</p>	K 069			